

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
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43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51		1										
52			1									
53			1									
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100												
TOTAL IND.		4										
TOTAL DEP.		60										
TOTAL CLAIMS		64										